

## Fill in this information to identify the case:

Debtor name Koleszar Farm LLC  
 United States Bankruptcy Court for the: Eastern District of PA  
 (State)  
 Case number (if known): 21-11653-amc

☐ Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim  
Do not deduct the value of collateral.

Column B  
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
	<u>Bucks County Tax Claim</u>	<u>348 Pineville Road</u>	<u>\$ unknown</u>	<u>\$900,000.00</u>
	Creditor's mailing address <u>55 E. Court St.-5th Fl.</u> <u>Doylestown, PA 18901</u>	<u>Newtown, PA 18940</u>		
	Creditor's email address, if known _____	Describe the lien _____		
	Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.2	Creditor's name <u>Council Rock Sch. Dist.</u>	Describe debtor's property that is subject to a lien <u>348 Pineville Road</u>	<u>\$ unknown</u>	<u>\$900,000.00</u>
	Creditor's mailing address <u>Tom Merchant, PO Box 301</u> <u>Washington Crossing, PA 18977</u>	<u>Newtown, PA 18940</u>		
	Creditor's email address, if known <u>tommerchanttc@gmail.com</u>	Describe the lien _____		
	Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$ _____	

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.</b> <b>Creditor's name</b> <u>Upper Makefield Twp.</u> <b>Creditor's mailing address</b> <u>Tom Merchant, PO Box 301</u> <u>Washington Crossing, PA</u> <u>18977</u> <b>Creditor's email address, if known</b> <u>tommerchanttc@gmail.com</u>  <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>348 Pineville Road</u> <u>Newtown, PA 18940</u>  <b>Describe the lien</b> _____  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ unknown</u> <u>\$ 900,000.00</u>
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<b>2.</b> <b>Creditor's name</b> <u>Wilmington Trust, N.A.</u> <b>Creditor's mailing address</b> <u>c/o Fay Servicing</u> <u>P.O. Box 619063</u> <u>Dallas, TX 75261-9063</u>  <b>Creditor's email address, if known</b> _____  <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>348 Pineville Road</u> <u>Newtown, PA 18940</u>  <b>Describe the lien</b> _____  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$ unknown</u> <u>\$ 900,000.00</u>
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**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

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